Confirmation No. 4797

CERTIFICATE OF MAILING

with the United States Postal Service with sufficient postage as first class mail in an envelope addressed

to the Commissioner for Patents, P.O Box 1450,

Registration No. 25,747 Attorney for Applicant(s)

Alexandria, VA 22313-1450, on this date.

04/15/2005

Date

I hereby certify that this paper is being deposited

Appln No.: 10/813,481

Filed: March 30, 2004

Applicant(s): Thomas A. Brookbank et al.

Title:

Audible Diagnostic Information

Apparatus and Method

Art Unit: 2682

Examiner: Raymond B. Persino

Attorney Docket: 82658

Customer No.: 22242

Mail Stop AMENDMENT Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450

Sir:

Transmitted herewith is an amendment/reply in the above-identified application.

- ☐ An Appendix including amended drawing figures labeled as "Annotated Marked-up Drawings" is enclosed.
- A Petition for Extension of Time for reply within the first month is attached.
- M A Terminal Disclaimer is enclosed.
- ☑ No additional fee is required.

Fee Calculation For Claims As Amended

| | As Amended | Previously Paid For | | Present Extra | ٠ | Rate | | Α | dditional Fee |
|-----------------------------------|---------------|------------------------|-----|-----------------------------|------|--------|---|----|------------------|
| Independent Claims | _ | - | **= | 0 | x \$ | 200.00 | = | \$ | 0.00 |
| Total Claims | | - | * = | 0 | x \$ | 50.00 | = | \$ | 0.00 |
| Fee for Multiple Dependent Claims | | | | | \$ | 360.00 | | | |
| ** At least 3 | | | | Total Additional Fee | | | | \$ | 0.00 |
| * At least 20 | | | | | | | • | | |

Applicant(s) assert entitlement to Small Entity Status

(37 C.F.R. § 1.27), thus reducing the fee by half to:

\$ 0.00

Application No. 10/813,481 Amendment dated April 15, 2005 Reply to Office Action of December 15, 2004

| ㅁ | A check in the | amount of \$ | is enclosed. |
|---|----------------|---------------------|-----------------|
| □ | Charge \$ | _ to Deposit Accour | nt No. 06-1135. |

☑ The Commissioner is hereby authorized to charge any additional fees which may be required in this application under 37 C.F.R. §§1.16-1.17 during its entire pendency, or credit any overpayment, to Deposit Account No. 06-1135. Should no proper payment be enclosed herewith, the Commissioner is authorized to charge the unpaid amount to Deposit Account No. 06-1135. A duplicate copy of this sheet is enclosed.

April 15, 2005

Date

Kenneth H. Samples Registration No. 25,747

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